

Stephanie Ward Serial #: 09/458,899

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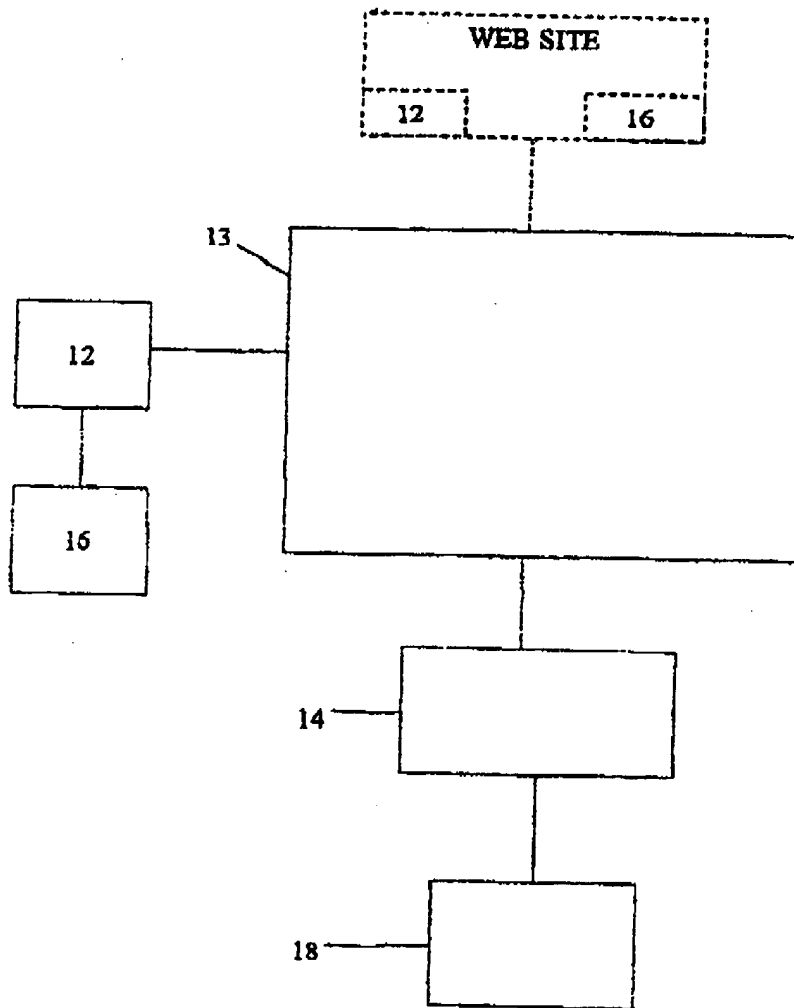


FIG. 1

This LifeReport Form:

John Smith-2080 Summitview Rd.
Somerville, NJ 08876

Work:

Insured By: Medicare A & B

ID#: 100-10-1000

Group #:

Secondary: United Health

Schedule of Medications (including Non-Prescription & Supplements)

Medication	Frequency	Amount	Notes	Morning Before Breakfast	Morning After Breakfast	Afternoon	Evening	Bedtime
25a Popcid	27 (20 mg)	28 Dr. Mahal						
25b Capoten	(25 mg)	Dr. Mahal	only 1 bottle					
25c Simemet CR	(50/250)	Dr. Friedlander	from 12/11/05					
25d Amantadine	(100 mg)	Dr. Friedlander	12/11/05					
25e Minoxidil	(Vitamin)	Dr. Neuman						
25f Baby Aspirin	(81 mg)	Dr. Mahal						
25g Lanoxin	(0.25 mg)	Dr. Mahal						
25h ABC Plus Senior	(Vitamin)	Dr. Mahal						
25i Lasix (Furosemide)	(20 mg)	Dr. Mahal	only 1 bottle					
25j Coumadin	(5 mg)	Dr. Mahal						
25k Transderm Nitro	(0.2 mg/hr)	Dr. Mahal	Apply 4 AM Remove 4 PM					

Medications PRN "When Needed"

Nitrostat	(0.4 mg tab)	Dr. Mahal
Tylenol		

Physicians

Physician	Phone	Service/Referral	Fax	Clinic
Dr. Howard Neuman	908-555-0632	Family Practice	908-231-9848	Somerville, NJ
Dr. Sharon S. Mahal	908-555-8668	Cardiology	908-231-8761	Brick, NJ
Dr. Mark Friedman	732-555-7218	Cardiology		New Brunswick, NJ
Dr. Mark Friedman	732-555-7786	Heart Line		
Dr. Friedlander	732-555-1300	Neurology		East Brunswick, NJ
Dr. William Diehl	973-555-6400	Cardiology	973-267-7295	Morristown, NJ
Dr. Fleming	973-555-1850	Eye, Nose, Throat		Aberdeen, NJ

Fig. 2

READ IN EMERGENCY

LifeReport Date: 11/10/99

24

22 Date: 8/30/00 Age: 75 SSN: 100-10-1000 Blood Type: A+
 Height: 5'8" Weight: 162 Normal Blood Pressure: 140/80
 Current Status: ☐ Pneumonia Shot: ☒ Flu Shot: 10/99
☒ Living Will ☐ Organ Donor ☐ DNR Location: Dingler, Stephanie has.

Allergies 35a

QUINCLUTE: swelling of feet & hands
 dizziness & joint pain. 12/98
 PROCAINAMIDE SR & PROCAINBIL
 1000 mg BID: swelling of feet &
 hands, dizziness & joint pain. 10/98
 SINEMET: dizziness, faint, LOW BP, steady,
 nausea 7/25/98. Decreased to 1/2 pill
 Now back to 1 1/2's

Current Medical Conditions 35b

DIABETES: 10/99
 HEART DISEASE: WEISS DISEASE
 TOR. 2/98
 HERNIA: where esophagus did not heal.
 10/97
 ANEURYSM: on heart wall. Dr. Mahal
 8/12/96
 PARKINSONS: diagnosed by Dr. Green-
 berg, Somerville. Took Sinemet &
 Artane 3/1/93

Surgeries & Procedures 35c

DEFIBRILLATOR IMPLANT: AICD Dr.
 Friedman, RWJ. 11/11/98
 ESOPHAGUS CANCER: Dr. Diehl,
 Morristown. Partial removal. Cured.
 9/12/96
 ANGIOPLASTY & STENT: Dr. Mahal,
 Morristown. Aneurysm on heart wall
 8/12/96
 ANGIOPLASTY: Dr. Gantz, Newark Beth
 Israel. 10/18/89

Past Medical Conditions 35d

DEHYDRATION: lowered Laxax. 8/27/98
 DEPRESSION: 10 mg. Paxil from approx.
 2/98 to 8/98
 HEART ATTACK. 11/8/89

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In Case of Emergency... Call:

Stephanie Ward... Daughter... 908-555-3837
 Work: 908-359-1514 Cell Phone:

Victor M. Hantok... Son... 908-555-6358
 Work: Cell Phone:

Marge Jankowski... Companion... 908-555-4592
 Work: Cell Phone:

Recent Pharmacy 908-555-9123 Fax: 33

NOTE: Please check that your LifeReport contains all
 your medical information and that it is correct. Review with
 your physician or health care provider if there is a problem
 with the information, please contact our office at 877-354-
 0123 or visit our website: www.life-report.com

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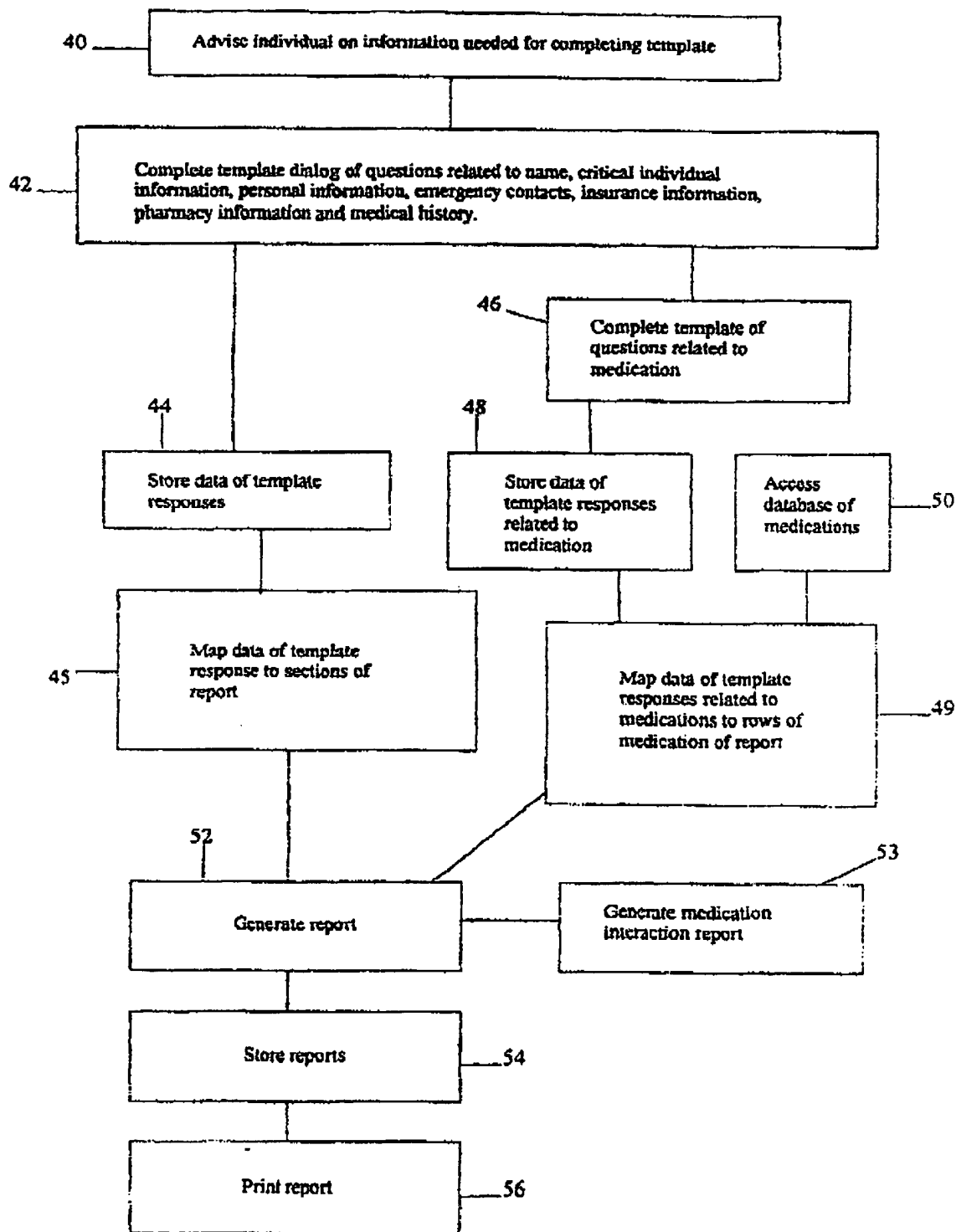


FIG. 3

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The Question & Answer Session I: (Preliminary Information) begins with:

1. What is the name of the person for whom this LifeReport is being created?
2. The birth date?
3. The permanent address?
4. The phone number?
5. The fax number?
6. The E-Mail address?
7. Is there another residence? ____ yes ____ no
If yes, questions 3 thru 7 repeated until a no answer is given.
8. The Social Security #?
9. The Blood Type?
10. The Primary Insurance Carrier?
Name: _____ Identification #: _____
Group #: _____ Phone #: _____
11. The Secondary Insurance Carrier, if any?
Name: _____ Identification #: _____
Group #: _____ Phone #: _____
12. In Case of Emergency, who should be contacted? (please limit your choices to
no more than six)

Fig. 4a

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Cont. Fig. 4a

Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening
Phone: _____ Relation: _____ day _____ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? ____ yes ____ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? ____ yes ____ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ Orr: _____

20. Is there another Medical Condition? ____ yes ____ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

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Cont. Fig. 4a

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? ____ yes ____ no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? ____ yes ____ no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin
-
- Dependency?

Please Describe: _____

26. Is there another Medical Alert? ____ yes ____ no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I: (Preliminary Information)** is complete.

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Fig. 4b**The Question & Answer Session II: (Prescription Regimen) begins.**

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (Prescription Regimen) is complete.

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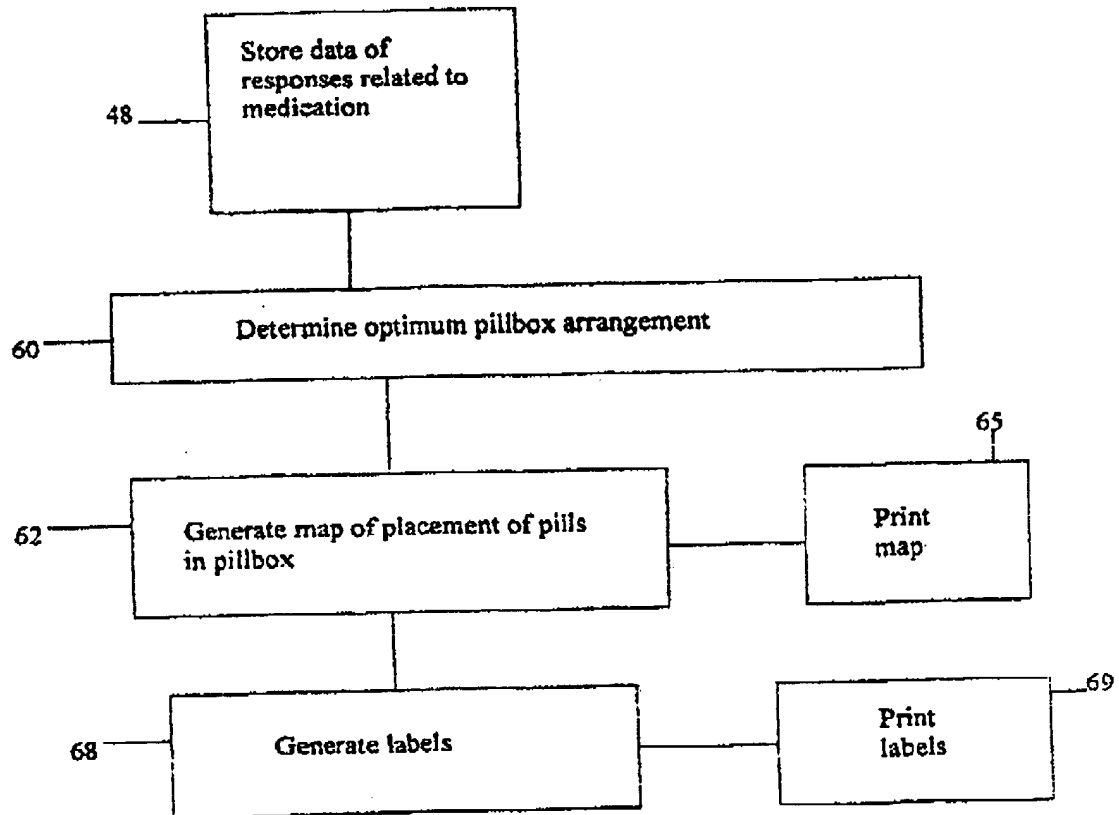


FIG. 5

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










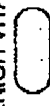

John Smith SS#: 100-10-1000
How To Arrange Your Pillbox Your PILL BOX MAP

64

PATCH Transderm Nitro (0.2 mg/hr) Dr. Madal Apply 9 AM — Remove 9 PM

65

66

<p>EVENING 8:00 p.m.</p> <p>LASIX ⊖ 100 mg with juice</p> <p>PERCID </p> <p>CAPOTEN  empty stomach</p> <p>COUNADIN </p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>AMANTADINE  to 2 pills on 12/6/98</p>	<p>MORNING Before Breakfast</p> <p>PERCID </p> <p>CAPOTEN  empty stomach</p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>AMANTADINE  to 2 pills on 12/6/98</p>
<p>AFTERNOON 2:00 p.m.</p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>CAPOTEN  empty stomach</p> <p>AMANTADINE  to 2 pills on 12/6/98</p>	<p>MORNING After Breakfast</p> <p>BABY ASPIRIN </p> <p>LANOXIN </p> <p>ABC PLUS SENIOR VITAMIN </p> <p>MAGOXIDE </p>

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Fig. 6

The HOME MEDICAL MANAGER
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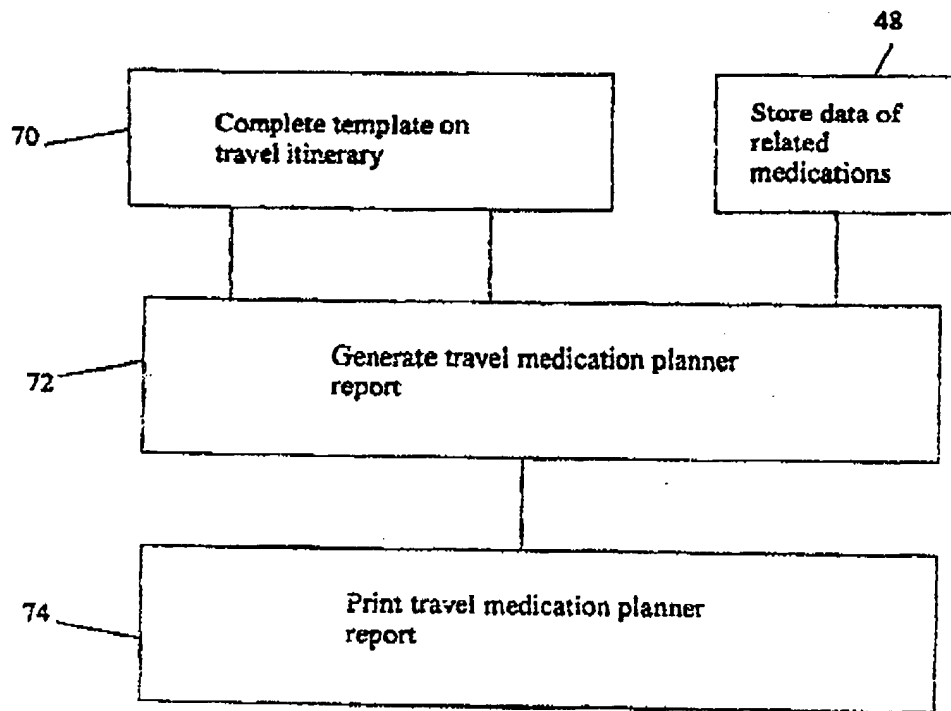


FIG. 7

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